

Nuts and Bolts of Appellate Practice

Friday, May 21, 2004

Fourwinds Resort and Marina

TOPICS & FACULTY:

- A Supreme Court Justice Perspective; Justice Frank Sullivan, Jr. with the Indiana Supreme Court
- Appellate Rules Update; Geoff Davis, Staff member of the Division of Supreme Court Administration
- Appellate Ethical Issues; Donald R. Lundberg, staff member with IN Supreme Court Disciplinary Commission
- Interlocutory Appeals; Ann Sutton, Administrator of Appellate Division, Marion County PD Agency and Katharine Liell with Liell & McNeil, P.C.
- Appeal Bonds; Joel Schumm, Legal Writing Instructor at IU School of Law
- Appellate Trends; James Bell with Kiefer and McGoff

CLE CREDIT:

This program qualifies for **6.0 hours** of CLE credit this includes **1.0 hour of ethics**.

• DATE • PRICE • PLACE •

Time: 9:00 a.m. to 5:00 p.m. (lunch provided)

Fees: Public defenders; **\$90 by May 7; after May 7 - \$115; at the door - \$140**

Criminal defense lawyers; **\$115 by May 7; after May 7 - \$140; at the door - \$165**

Deadline for cancellation refund is **May 3, 2003**

Place: *Fourwinds Resort and Marina*

9301 Fairfax Road

Bloomington, IN 47401

(800) 824-BOAT (2628)

www.fourwindsresort.com

- ☐ The guaranteed room rate is \$71.00. You need to reserve your room by **Tuesday, April 20**
- ☐ This special room rate is for **Thursday, 5/20 only**.
- ☐ Please inform the reservationist that you are with the Public Defender Council when making your reservation.
- ☐ If you have problems, contact Teresa Campbell, Executive Assistant at (317) 232-2490.

You may also register at our website:

www.state.in.us/pdc/general/register.html

Please detach and send with payment

Appellate Advocacy

Friday, May 21, 2004

Name: _____ Attorney Number: _____

Business Phone: _____ Fax: _____

Address, City, State, Zip: _____

Email address: _____ Are you a vegetarian? __ Yes __ No

Any special diet? _____

(If licensed in another state): # _____ STATE: _____

Credit Card VISA OR MC _____ Expiration Date _____

Billing Address _____

☐ **I certify that I am a criminal defense attorney, professional investigator, or sentencing consultant.**

Signature of Registrant

Mail this form to:

Indiana Public Defender Council

ATTN: REGISTRAR AP

309 W. Washington, Ste. 401,

Indianapolis, IN 46204-2725

Or Fax to: (317) 232-5524